Name in Full: Robert P Allen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Westminster (County) Carroll

Date of death 1904 (Month) Oct (Day) 11

Age (Years) 91 (Months) 9 (Days) 5

Sex: Male

Color or Race: White

Birthplace: New Jersey

Occupation: Farmer

Where Residing if not at place of death: at home

Married, Single or Widowed: Widower

Name of Wife or Husband: Rebecca Fordyce

Father's Name: Samuel F Allen

Father's Birthplace: New Jersey

Mother's Maiden Name: Jane Parsons

Mother's Birthplace: do

Name of person giving In formation: Agnes S Northrop

How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility 54

How long: —

Immediate: Hypostatic Congestion of Lungs

How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Kurtis K Woodward

Address: Westminster Md.

Accident or Suicide? —

LIBRARY BUREAU A88818

Name in Full: Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Sykesville — Town: Sykesville — County: Carroll

Date of death: Month: Oct — Day: 25 — 1904

Age: Years: — Months: — Days: 3/4 hour

Sex: Female — Color or Race: colored — Birthplace: Md.

Occupation: — — — — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Benjamin F Brooks — Father's Birthplace: Howard Co

Mother's Maiden Name: Alice Anderson — Mother's Birthplace: Howard Co

Name of person giving In formation: Alice Anderson — How related to deceased: mother

CAUSES OF DEATH

Primary: Premature 151 — How long: —

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

~~Signature~~ of ~~Physician~~: Laura Johnson

Address: Sykesville Md

Accident or Suicide? —

LIBRARY BUREAU A66816

Name in Full: Louisa Brown

CERTIFICATE OF DEATH

MARYLAND

Died — Town: near Patapsco — County: Carroll

Date of death 1904 — Month: Oct — Day: 16 — Years: Age 87 — Months — Days

Sex: Female — Color or Race: White — Birthplace

Married, Single or Widowed: Widow — Occupation: Housewife

Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

154

Primary: Old Age — How long

Immediate: Convulsions — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. C. Welford, M.D.

Address: Hampstead / Manchester

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Clara Buffington

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taneytown — County: Carroll

Date of death 1904 — Month: Oct — Day: 1 — Age: Years: — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Taneytown

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name or Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Buffington — Father's Birthplace: Md

Mother's Maiden Name: Ada V. Ohrendorff — Mother's Birthplace: Md

Name of person giving information: Jacob Buffington — How related to deceased: Father

CAUSES OF DEATH

Primary: Cholera Infantum — How long: 105

Immediate: Enteritis Colitis — How long: 3 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: LeBrun MD

Address: Taneytown

Accident or Suicide?

LIBRARY BUREAU AM8516

Name in Full: Margaret Alice Collins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death 1 90 — Month: Oct — Day: 28th — Age — Years: 29 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland.

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John W. Collins — Father's Birthplace: Penna.

Mother's Maiden Name: Margaret Stible — Mother's Birthplace: Md.

Name of person giving In formation: Margaret Collins (mother) — How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Status Epilepticus — How long: Three days

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles I. Hill M.D.

Address: Spring field State Hospital Sykesville Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Paul Deutrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Springfield State Hospital; County: Sykesville, Carroll; MARYLAND

Date of death: 1904; Month: Oct.; Day: 11th; Years: Age 48; Months; Days

Sex: Male; Color or Race: White; Birthplace: England

Occupation: Unknown; Where Residing if not at place of death: —

Married, Single or Widowed: Unknown; Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Hospital records; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 6 mths

Immediate: Pulmonary Congestion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J. Carey

Address: Sykesville Md.

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: Wm Dern

CERTIFICATE OF DEATH

MARYLAND

Died at: Sliad Town — Carroll County

Date of death 1904: Month 10 — Day 9

Age: Years 74 — Months 2 — Days 19

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Sarah A Dern

Father's Name: [illegible] 66 — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Wm Dern — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congestion-C — How long: 10 days

Immediate: Paralysis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L C Wells

Address: Hampstead Md

Accident or Suicide? —

LIBRARY BUREAU A868.10

Name in Full: Carrie Dutterer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Silver Run — County: Carroll

Date of death 1904 — Month: October — Day: 9th

Age — Years: — Months: — Days: 13

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alvie Dutterer — Father's Birthplace: Maryland

Mother's Maiden Name: Ada Bowers 704 — Mother's Birthplace: "

Name of person giving Information: Alvie Dutterer — How related to deceased: Father

CAUSES OF DEATH

Primary: Acute Pneumonia 93 — How long: Three Days

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John F. Stewart

Address: Hanbon Mills Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Fannie Gettier

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Manchester. County: Carroll.

Date of death 1904 — Month: Oct. Day: 13th. Age — Years: 80 Months: Days:

Sex: Female. Color or Race: White. Birthplace: Baltimore

Occupation: None. Where Residing if not at place of death: Manchester Md.

Married, Single or Widowed: ~~Married~~, Single or Widowed. Name of Wife or Husband: W. G. Gettier.

Father's Name: Mr. Yaung. Father's Birthplace: Md.

Mother's Maiden Name: [illegible] 65 Mother's Birthplace: Md.

Name of person giving Information: Fannie G. Rock. How related to deceased: Neice.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Progressive softening of Brain. How long: 3 yrs

Immediate: General debility & Paralysis. How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Preston

Address: Manchester Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Geo. S. Everhart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Run — County: Carroll

Date of death: 1904 — Month: October — Day: 24th — Age: Years 76 — Months — — Days 5

Sex: Male — Color or Race: White — Birthplace:

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Degeneration — How long: One Year

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician: J. J. Stewart

Address: Union Mills Md

PHYSICIAN OR CORONER

LIBRARY BUREAU A88818

Name in Full: Henry F. Fonnvall

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Silver Run — County: Carroll

Date of death 1904 — Month: 10 — Day: 2nd — Age — Years: 5-2 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Silver Run

Occupation: Farmer — Where Residing if not at place of death: Silver Run

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: Jacob L. Fonnvall — Father's Birthplace: White Hall Pa

Mother's Maiden Name: Mariah Little — Mother's Birthplace: Silver Run

Name of person giving Information: George A. Fonnvall — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Catarrh of bowels — How long: 10 days

Immediate — How long

106

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. S. Marshall

Address: Silver Run Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Ann Sof

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Keysville — County: Carroll

Date of death: Month: Oct — Day: 25 — 1904

Age — Years: 75 — Months: 8 — Days: 22

Sex: Female — Color or Race: White

Birthplace: Frederick Md.

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Samuel D. Sof

Father's Name: Henry Young

Father's Birthplace: Manchester Md.

Mother's Maiden Name: Mary Elizabeth Gorsuch

Mother's Birthplace: France

Name of person giving information: Samuel D. Sof

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Neuralgia - Congestion Lungs

How long: 2 hours

Immediate: Apoplexy -

How long: Immediately

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A H Dillon

Address: D. C. Creek Maryland

Accident or Suicide? No -

LIBRARY BUREAU A88016

Name in Full: Bertha V. Groff

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: 1904 Month: Oct Day: 7

Age: Years: 5 Months: 1 Days: 4

Sex: Female

Color or Race: White

Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Charles. Groff

Father's Birthplace: Maryland

Mother's Maiden Name: Alice Miller

Mother's Birthplace: do

Name of person giving Information: Charles Groff

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ptomaine Poison

How long: 2 Hrs.

Immediate: Convulsions Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr. D. Wells

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Cyrus L. Grossnickle

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Sams Creek; County: Carroll

Date of death: Month: 10; Day: 14; 1904

Age: Years: 50; Months: —; Days: 11 F

Sex: Male

Color or Race: White

Birthplace: near Double Pipe Creek

Occupation: Farming

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Alice G. Grossnickle

Father's Name: Daniel Grossnickle

Father's Birthplace: near Middletown Valley

Mother's Maiden Name: Ellen Blessing

Mother's Birthplace: near Middletown Valley

Name of person giving Imformation: Roland H. Grossnickle

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral insufficiency with dilitation — How long: 2½ yrs.

Immediate: Paralysis — How long: 6 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E D Crouk

Address: Winfield Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ann Rebecca Jenkins ✓

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Daniel — County: Carroll

Date of death 1904 — Month: Oct. — Day: 18th — Years: Age 67 — Months: 3 — Days: 20

Sex: Female — Color or Race: White — Birthplace: Daniel

Occupation: House wife — Where Residing if not at place of death: Daniel

~~Married, Single~~ Widow — Name of ~~Husband~~ Husband: Nicolas H Jenkins

Father's Name: Jacob Hiltabidle — Father's Birthplace: Penn

Mother's Maiden Name: Annie R. Hiltabidle — Mother's Birthplace: Baltimore Co.

Name of person giving Imformation: Wiley W Jenkins — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Carcinoma — How long: 3 years

Immediate: Hemorrhage — How long: Immediate death

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E D Crouk

Address: Winfield Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John A Krouse

CERTIFICATE OF DEATH

MARYLAND

536

Died at: Town: Westminster — County: Carroll

Date of death 1904: Month: Oct — Day: 28 — Age: Years: 73 — Months: — — Days: 16

Sex: Male — Color or Race: white — Birthplace: Maryland

Occupation: Retired Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John. Krouse — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Eckert — Mother's Birthplace: Del

Name of person giving information: Henaretta Krouse — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gen Paresis — How long: 4 months

Immediate: Chronic Nephritis — How long: 4 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm O. Wells M.D.

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Eliza Long

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mayberry — County: Carroll

Date of death: Month: Oct — Day: 16 — Year: 1904 — Age: Years: 90 — Months: 3 — Days:

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband

Father's Name: Jacob Long — Father's Birthplace

Mother's Maiden Name: Elizabeth Long 154 — Mother's Birthplace

Name of person giving Information: Wm Bordley — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Senile debility — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: C. Birnie Jr, M.D. Taneytown

Accident or Suicide? ~~Yes~~

LIBRARY BUREAU A88516

Name in Full: Louisa McCarty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Henry Ville — County: Carroll

Date of death: 1904 Month: Oct. Day: 7 — Age: Years: 40 Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Balto Md

Occupation: House Keeper — Where Residing if not at place of death: Henry Ville

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mrs S Hyssaly — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by Train B&O R R — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J Francis Lewis Coroner

Address: —

James R —

Accident or Suicide? —

Att'y Md

LIBRARY BUREAU A66516

Name in Full: Florence Murdock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Run — County: Carroll

Date of death: Month: October — Day: 18th — Year: 1904 — Age: Years: 9 — Months: 8 — Days:

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

Married, Single or ~~Widowed~~ — Name of ~~Husband~~ Wife or

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Milton M Murdock — Father's Birthplace: Maryland

Mother's Maiden Name: Susan Reinecker — Mother's Birthplace: "

Name of person giving information: Milton M Murdock — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malignant Dyptheria — How long: One Week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J J Stewart

Address: Reisterstown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Marguite Morelock

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Silver Run — County: Carroll

Date of death: 1904 Month: Oct. Day: 23 — Age: Years: 12 Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~ Single or Widowed — Name of Wife or Husband:

Father's Name: Harvey L. Morelock — Father's Birthplace: Maryland

Mother's Maiden Name: Aggie Feeser — Mother's Birthplace: Maryland

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: —

Immediate: Malignant Diphtheria — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? undertaker

~~Signature of~~ Physician: Ed. L. Grafton

Address: Union Mills Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Andrew Jackson Ohler

CERTIFICATE OF DEATH

MARYLAND

Died — Town: Near Taneytown County: Carroll

Date of death: Month 10 Day 23 1904

Age: Years 70 Months 1 Days 18

Sex: Male

Color or Race: White

Birthplace: Frederick Co

Occupation: Farmer

Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~

Name of ~~Wife~~ or ~~Husband~~: Catherin Fleagle Ohler

Father's Name: James Ohler

Father's Birthplace: Md

Mother's Maiden Name: Christena Forney

Mother's Birthplace: "

Name of person giving Information: Harvey Ohler

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Do not Know

How long

Immediate " " "

How long Sudden

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. O Fuss Undertaker

Address: Taneytown Md

Accident or Suicide?

179

LIBRARY BUREAU A85818

Name in Full: Florence Ross

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville — County: Carroll

Date of death: Month: Oct. — Day: 23 — 1904

Age: Years: 25 — Months: 4 — Days: 22

Sex: Female — Color or Race: White — Birthplace: Maryland.

Occupation: Seamstress — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George H. Ross — Father's Birthplace: Germany

Mother's Maiden Name: Caroline Fuller Ross — Mother's Birthplace: "

Name of person giving Information: Rev. E. H. Lomax — How related to deceased: Friend.

34

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (General) — How long: ?

Immediate: Syncope — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Charles G. Hill

Address: Springfield State Hosp. Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Susie Ida Mary Seymour

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Carroll County; County: Carroll County

Date of death: Month: Oct; Day: 4; 1904

Age: Years: —; Months: 2; Days: 14

Sex: Female

Color or Race: Colored

Birthplace: Carroll County

Occupation: —

Where Residing if not at place of death: Carroll County

Married, Single or Widowed: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jim Seymour

Father's Birthplace: Carroll County

Mother's Maiden Name: Mary Henry

Mother's Birthplace: Hagerstown

Name of person giving Information: Dr. Morris

How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Overlaid by Mother

How long: —

Immediate: Asphyxiated

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Harry F Lewis

Address: Coroner

Sykesville Md

Accident or Suicide? Accident

LIBRARY BUREAU A86818

Name in Full: James A. Slasman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Gamber — County: Carroll

Date of death: 1904 Month: Oct Day: 12 — Age: Years: 62 Months: 9 Days: 20

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: White	Birthplace: Maryland	
Occupation: Farmer	Where Residing if not at place of death: at home		
Married, Single or Widowed: Married	Name of Wife or ~~Husband~~: Ruth Blizzard		
Father's Name: Mahlon Slasman		Father's Birthplace: Maryland	
Mother's Maiden Name: Evaline Borrie		Mother's Birthplace: Pa	
Name of person giving Information: Nettie Slasman		How related to deceased: Daughter	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spasm of Stomach. Gastralgia		How long: 4 days
Immediate: Collapse.		How long: 4 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Dr S. N. Gorsuch	
	Address: Gamber Md	
Accident or Suicide?		

104

LIBRARY BUREAU A85516

Name in Full: Charles L. Smith

CERTIFICATE OF DEATH

MARYLAND

535

Died at — Town: Westminster — County: Carroll

Date of death 1904 — Month: Oct — Day: 16 — Age — Years: 65 — Months: 2 — Days: 23

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Clergyman — Where Residing if not at place of death: Baltimore

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Smith — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Cassell — Mother's Birthplace: Do

Name of person giving information: Mary Smith — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular Heart — How long: 1 yr

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

~~Accident or Suicide?~~

LIBRARY BUREAU A28818

Name in Full: Still Born Child.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Oakland. — County: Carroll Co.

Date of death 1904 — Month: Oct. — Day: 7 — Age: Years — Months — Days

Sex: Male. — Color or Race: White. — Birthplace: Oakland.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name: Charles H. Smith. — Father's Birthplace: Maryland.

Mother's Maiden Name: Ida Jones. — Mother's Birthplace: Maryland.

Name of person giving Information: Charles H. Smith. — How related to deceased: Father.

5.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born. — How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. N. Ward. M.D.

Address: Harrisonville Balto Co.

Accident or Suicide? —

LIBRARY BUREAU

Name In Full

Certificate of Death

Rebecca Snyder

Died at Town: Snydersburg County: Carroll MARYLAND

Date 1904 Month: Oct Day: 4 | Age Y. 79 M. 7 D. 20 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 12

Husband of Wife: Samuel Snyder

Father's Name = Lawrence ? Mother's Maiden Name: Rebecca Ohlmaier

Cause of Death — Primary: Dysentery 14 — How long sick: Seven weeks

Immediate — Accident, Suicide, Homicide

Reported by J H Shipman MD

Address Manchester Carroll Co Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Margaret May Stour

Died at Union Bridge (Town) Carroll (County) MARYLAND

Date 19 04 — Month 10 — Dey 14 | Age Y. 3 M. D. | Native of Md | Occupetion —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | ~~Number of children living~~ 0

Husband of Wife

Father's Name Harry Stour

Mother's Maiden Neme 175

Cause of Death { Primary Night Shade poisoning

Immediate

How long sick 4 days

Accident, Suicide, Homicide

Reported by H L Fair

Address Union Bridge

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Pepa Cuadra

Pepa Cuadra

Name in Full Ezra L. Mantz — Certificate of Death

Died at Town: Pleasant Valley County: Carroll — MARYLAND

Date 1904 Month: 10 Day: 12 | Age Y. 32 M. D. | Native of Md | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / Widow / Widower | Divorced | Number of children living 2

Husband of / ~~Wife~~ Sadie Mantz

Father's Name Noah Mantz — Mother's Maiden Name Mary Humbert

Cause of Death — Primary: Consumption — How long sick 1 year

Immediate: Hemorrhage 27 — Accident, Suicide, Homicide

Reported by Dr. L. M. Brown

Address Pleasant Valley Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Pleasant Valley Cemetery.